

Permit No.

\$500.00

Flathead County Road Closure Permit

Applicant Information	
Name: _____	
Contracting Company: _____	
Address: _____	
Telephone: _____	
Mobile Phone: _____	
Emergency Contact Person: _____	
Emergency Contact Phone: _____	
If this request is granted by Flathead County, the Applicant/Contractor agrees to comply with all requirements. The applicant, on its own behalf and on behalf of its officers, agents, and employees, waives the right to bring any claim against Flathead County and its officers, agents, and employees for any matter arising out of or in any way connected with the Road Closure, including claims based on the alleged negligence of the County or its officer agents, or employees. The applicant further agrees to indemnify and save harmless Flathead County, its officers, agents, and employees from and against all claims of any nature, including negligence, arising out of or in any way connected with the Road Closure.	
Please Sign Below stating that you have read and agree to the terms listed above.	
Signature _____	Date _____

Applicant is required to obtain signatures from the agencies listed below:

Fire Department: _____
Highway Patrol: _____
Sheriff's Office: _____
School District: _____

Street Closure Information	
Is This An <u>Emergency</u> Closure _____ Yes _____ No	
Road Name: _____	
Specific Address: _____	
Number of Lanes to be Closed: _____ <u>ALL</u> Lanes Both Directions _____ One Lane Specify Direction: _____ _____ Other: _____	
Will the road be passable for regular traffic? _____ Yes _____ No _____ Specific Hours Only: _____	
Will the road be passable for emergency vehicles? _____ Yes _____ No _____ Specific Hours Only: _____	
Length of Closure: _____ ft / mi. +/-	
Reason for Road Closure: _____	
From Date: _____ Time: _____	
To Date: _____ Time: _____	
* Construction closures require a traffic control plan pursuant with the Montana Manual on Uniform Traffic Control Devices.	

_____ Additional Pages Attached

Date: _____ Fire District _____
Date: _____
Date: _____
Date: _____ School District # _____

Recommend:		Action Taken:	
_____ Approval	_____ Denial	_____ Approved	_____ Denied
_____	_____	_____	_____
Road Dept Representative	Date	Flathead County Commissioner - Chairman	Date

OFFICE USE ONLY			
Completed Application	_____ Yes _____ No		
Map/Traffic Control/Detour Route/Signing	_____ Yes _____ No	_____	Amount
Fees Paid	_____ Yes _____ No	_____	Check Number
Are conditions of approval in compliance	_____ Yes _____ No	_____	Receipt Number
If No, Explain: _____			
Conditions of Approval Signed and Dated: _____ Yes _____ No			

CONDITIONS OF APPROVAL

Required Documentation that **MUST BE** submitted with permit **PRIOR TO APPROVAL**:

- Signing Schedule and List
- Map of exact location of Road Closure
- Traffic Detour Plan

01. Applicant shall contact the Flathead County Road Department a minimum of three weeks prior to the road closure.
02. Applicant shall be responsible to properly close the lane/road according to the Montana Manual on Uniform Traffic Control Devices
03. Applicant shall be responsible to provide all necessary traffic control.
04. Applicant shall be responsible to notify all emergency services, media, and others of impending closure.
05. Applicant shall provide the Department with appropriate map(s), traffic control sketches, detour route and proposed signing
06. Applicant shall post the road closure on the road to be closed at least one (1) week prior to said road being closed to notify motoring public
07. Applicant is responsible for dust control on the proposed road being closed, **AND** detour route.
08. Applicant is responsible for any resulting clean up of the road being closed, **AND** detour route.
09. Applicant is responsible to contact the following media agencies with road closure information for broadcast.

Fax Numbers are provided for your convinence.

___ KALS	752-3416	___ Daily Interlake	752-6144
___ KOFI	752-5078	___ KCFW	752-8002
___ KEGZ	257-0459	___ KAJ - 18	756-5889
___ KJJR/KDBR	755-8770		

10. Failure to comply with these conditions could result in the approval being withdrawn without notice, and denial of future applications.
11. Applicant shall attach a plan for land owner access to their properties.
12. Proof of General Liability Insurance with minimum limits of \$1,000,000 per occurrence with Flathead County listed as an Additional Insured for Non-Bonded Events (ie. Community Events).

The undersigned, the "PERMITTEE" mentioned in the foregoing instrument, hereby accepts this permit, together with all the terms and conditions set forth there in.

Dated this _____ day of _____, 20____

(PERMITTEE)

(PERMITTEE)